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Terms	Documents
(collect\$6 or gather\$3) same (fee\$ or cash\$3 or pay\$6 or incentive) same (manag\$6 or grow\$3 or optimiz\$6 or maximum or maximiz\$6 or optimum) same (profit\$6 or revenue\$) same (physician\$ or doctor\$)	4

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IBM Technical Disclosure Bulletins

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L6

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Terms	Documents
(collect\$6 or gather\$3) same (fee\$ or cash\$3 or pay\$6 or incentive) same (manag\$6 or grow\$3 or optimiz\$6 or maximum or maximiz\$6 or optimum) same (profit\$6 or revenue\$) same (physician\$ or doctor\$)	4

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**Set Name Query**

side by side

**Hit Count Set Name**

result set

*DB=USPT,PGPB,JPAB,EPAB,DWPI,TDBD; PLUR=YES; OP=ADJ*

L6 (collect\$6 or gather\$3) same (fee\$ or cash\$3 or pay\$6 or incentive)  
 same (manag\$6 or grow\$3 or optimiz\$6 or maximum or maximiz\$6 or  
 optimum) same (profit\$6 or revenue\$) same (physician\$ or doctor\$)

4 L6*DB=USPT; PLUR=YES; OP=ADJ*

L5 L3 and (collect\$6 or gather\$3) same (fee\$ or cash\$3 or pay\$6 or  
 incentive)

3 L5

L4 L3 and (collect\$6 or gather\$3) same (fee\$ or cash\$3 or pay\$6 or  
 incentive) same (manag\$6 or grow\$3 or optimiz\$6 or maximum or  
 maximiz\$6 or optimum) same (profit\$6 or revenue\$) same (physician\$  
 or doctor\$)

0 L4

L3 (557514 or 5706441 or 5724379 or 5835897 or 5918208 or 5953704  
 or 6195612 or 6223164 or 20010037216 or 20010041990).pn.

7 L3

L2 (5827180 or 5772585).pn.

2 L2

L1 (6014638 or 6236990).pn.

2 L1

END OF SEARCH HISTORY

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Generate Collection

Print

L10: Entry 11 of 12

File: USPT

Jun 29, 1999

DOCUMENT-IDENTIFIER: US 5918208 A

TITLE: System for providing medical information

Abstract Text (1):

A managed care expert system provides a graphical, interactive computer system which accepts user input relating to contract variables for a plurality of alternative contract scenarios, consults a database of national and locality-specific utilization data, performs a utilization and revenue analysis for both commercial and Medicare-age beneficiaries, and provides a synthetic fee schedule for comparing the likely revenue under capitation for a plurality of services to revenue for those services under a current reimbursement scenario. The system of the invention in its preferred embodiment enables a physician or other health care professional to use a broad array of assumptions to forecast utilization of medical procedures and estimated revenue per procedure under multiple capitation scenarios.

Detailed Description Text (3):

FIG. 1 depicts the utilization of commonly performed procedures under Medicare indemnity patterns, compared with what might be observed if utilization were decreased by a uniform amount. The "Current" utilization column reflects the probability of a Medicare beneficiary undergoing a particular procedure in 1991, based on national averages, while the remaining three columns represent scenarios wherein utilization of all procedures is 10%, 20% or 40% lower as compared to current utilization. In reality, utilization of some services might be deliberately increased. For instance, one might deliberately increase utilization of eye examination and photocoagulation of patients with diabetes with the expectation that fewer endolaser vitrectomies will be needed.

Detailed Description Text (7):

As shown in the model, revenue per procedure under capitated care is likely to be lower than current fee schedules if utilization is maintained at current levels. There are some offsetting factors, such as substantial reductions in billing and collection, more stable cash flow, and minimal bad debt. Equally apparent is that lower utilization rapidly translates into higher projected revenues per service. The problem is not whether one can decrease utilization to the point where capitated care becomes financially attractive, but rather what mechanisms of monitoring process and outcomes of care must be in place to inform the physician and safeguard the patient.

Detailed Description Text (10):

The "Utilization" rows on the Main screen allow a user to estimate the utilization under various capitation scenarios as it compares with indemnity insurance. Thus, a value of 100% means that the user is assuming utilization under capitation will be the same as under indemnity, while a value of 50% means that utilization under capitation is assumed to be half that of comparable beneficiaries under indemnity insurance. Utilization is specified for all office diagnostic services and for surgical service as separate entries.

Detailed Description Text (17):

By selecting certain procedures for inclusion, and observing the resulting effect on the outcome of the analyses (discussed in more detail below), a user can project the effect of being at-risk for all eyecare procedures versus being at-risk for sub-specialty procedures only. Procedures for which a health-care provider will not be responsible under a particular contract may be left out of the analysis by de-selecting the check boxes in the right-hand column of the Procedures Provided dialog box. If the analysis is to include certain procedures which are to be contracted out to other providers, those procedures should remain selected for inclusion; the Revenue dialog box, discussed in detail below, will provide insight into the amount that may be paid to other providers in a revenue-neutral manner.

Detailed Description Text (20):

A "Utilization" button on the Main screen (FIG. 5) accesses a Utilization-of-Procedures dialog box, which is illustrated in FIG. 9. The Utilization-of-Procedures dialog box permits a user to project the utilization of ophthalmologic procedures by beneficiary, under the utilization scenarios chosen on the Main screen. The default utilization rates are derived from a national or locality-specific database of rates observed for a particular year. Utilization is expressed as a simple rate. For instance, a rate of 0.050 means that 5 persons per 100 or 50 persons per thousand might undergo that procedure. Rates are based on the experience of beneficiaries from a particular locality who were covered by indemnity insurance in a particular year.

Other Reference Publication (1):

Hallan, J.B. et al.: Analysis of Insurance Benefits Plans for Alcoholism Treatment Through Computer Simulation: Comp in Psychiatry/Psychology, vol. 8, No. 2, pp. 12-14, Summer 1987; Dialog File 2, #02979117.

## CLAIMS:

7. The device according to claim 1, wherein said first scenario comprises a health care indemnity insurance scenario and said second scenario comprises a managed care plan scenario.

**WEST**[Generate Collection](#)[Print](#)**Search Results - Record(s) 1 through 6 of 6 returned.**☐ 1. Document ID: US 6044382 A

L13: Entry 1 of 6

File: USPT

Mar 28, 2000

US-PAT-NO: 6044382

DOCUMENT-IDENTIFIER: US 6044382 A

TITLE: Data transaction assembly server

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	FIGs	Draw Desc	Image
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☒ 2. Document ID: US 5991730 A

L13: Entry 2 of 6

File: USPT

Nov 23, 1999

US-PAT-NO: 5991730

DOCUMENT-IDENTIFIER: US 5991730 A

TITLE: Methods and systems for automated patient tracking and data acquisition

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	FIGs	Draw Desc	Image
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☐ 3. Document ID: US 5987103 A

L13: Entry 3 of 6

File: USPT

Nov 16, 1999

US-PAT-NO: 5987103

DOCUMENT-IDENTIFIER: US 5987103 A

TITLE: Telephone/transaction entry device and system for entering transaction data into databases

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	FIGs	Draw Desc	Image
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☐ 4. Document ID: US 5899998 A

L13: Entry 4 of 6

File: USPT

May 4, 1999

US-PAT-NO: 5899998

DOCUMENT-IDENTIFIER: US 5899998 A

TITLE: Method and system for maintaining and updating computerized medical records

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	FIGs	Draw Desc	Image
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☐ 5. Document ID: US 5805676 A

L13: Entry 5 of 6

File: USPT

Sep 8, 1998

US-PAT-NO: 5805676

DOCUMENT-IDENTIFIER: US 5805676 A

TITLE: Telephone/transaction entry device and system for entering transaction data into databases

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments
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NAME	Draw Desc	Image
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☒ 6. Document ID: US 5784635 A

L13: Entry 6 of 6

File: USPT

Jul 21, 1998

US-PAT-NO: 5784635

DOCUMENT-IDENTIFIER: US 5784635 A

TITLE: System and method for the rationalization of physician data

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments
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NAME	Draw Desc	Image
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Terms	Documents
L12 and l4	6

**Display Format:**

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**WEST**[Generate Collection](#)[Print](#)**Search Results - Record(s) 1 through 4 of 4 returned.**☒ 1. Document ID: US 20020133379 A1

L6: Entry 1 of 4

File: PGPB

Sep 19, 2002

PGPUB-DOCUMENT-NUMBER: 20020133379

PGPUB-FILING-TYPE: new

DOCUMENT-IDENTIFIER: US 20020133379 A1

TITLE: Method and system for healthcare practice management

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	RMC	Draw Desc	Image
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☐ 2. Document ID: US 20020091991 A1

L6: Entry 2 of 4

File: PGPB

Jul 11, 2002

PGPUB-DOCUMENT-NUMBER: 20020091991

PGPUB-FILING-TYPE: new

DOCUMENT-IDENTIFIER: US 20020091991 A1

TITLE: Unified real-time microprocessor computer

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	RMC	Draw Desc	Image
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☐ 3. Document ID: US 20020026328 A1

L6: Entry 3 of 4

File: PGPB

Feb 28, 2002

PGPUB-DOCUMENT-NUMBER: 20020026328

PGPUB-FILING-TYPE: new

DOCUMENT-IDENTIFIER: US 20020026328 A1

TITLE: Method and system for management of patient accounts

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	RMC	Draw Desc	Image
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☐ 4. Document ID: US 6488205 B1

L6: Entry 4 of 4

File: USPT

Dec 3, 2002

US-PAT-NO: 6488205

DOCUMENT-IDENTIFIER: US 6488205 B1

TITLE: System and method for processing data on an information card

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	RMC	Draw Desc	Image
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L7: Entry 3 of 4

File: USPT

Jul 21, 1998

DOCUMENT-IDENTIFIER: US 5784635 A ✓

TITLE: System and method for the rationalization of physician data

Brief Summary Text (5):

The ability to manage and evaluate costs is particularly important in an era when physicians and physicians' organizations are under increasing pressure to reduce the cost of health care. Legislation and consumer demand are recognized to be constraining health insurance premium revenue, causing health insurance companies, government agencies and self-funded employers (or "payors" as they will also be referred to herein) to limit what they will reimburse physicians for care. Meanwhile, the costs of providing health care continue to spiral. As a result, the traditional physician practice is finding it increasingly difficult to be profitable and stay in business.

Brief Summary Text (24):

It is a still further advantage of the present invention to equip physician groups (and IPAS, where authorized) with the information necessary to evaluate patient outcome in a sophisticated way. The present invention facilitates analysis of, for example, the comparative outcomes of 100 doctors treating the same condition, and the relative effectiveness of different procedures and medications on that condition. A primary advantage thereby gained is an improvement in the quality of medical care. Ancillary cost advantages are also gained, such as a decrease in recovery time in hospitals and an optimization of the costs of treatment.

Detailed Description Text (23):

Now in a common, universal format and data structure, source data is ready to be cross-referenced and cleaned, as shown on blocks 103 and 105 on FIG. 1. With reference to FIG. 3, cross-referencing is a step in which source data having common data elements (same patient, same physician, same payor, same hospital, etc.) are linked to facilitate cleanup of the anomalies such as inconsistent syntax, data keying errors, or information missing/omitted. In block 301, cross-referencing of analogous data is enabled by identifying and linking common data elements least likely to have been entered with inconsistent syntax, or to have been entered incorrectly, or to have been omitted. It will be appreciated that dates and individual names of people or places are particularly likely to have been entered at source in a wide variety of syntaxes, and possibly with keying errors and omissions. On the other hand, serial numbers and ID numbers, or street addresses are less likely to have been entered substantially differently. Accordingly, in a preferred embodiment, data referring to the same physician are matched by UPIN, data referring to the same patient or insured party are referred by social security number, and data referring to the same institution (e.g. hospital, insurance company, laboratory, doctor's office) are matched by street address. It will be understood that consistent with the present invention, other strategies of cross-referencing are also possible (e.g. by telephone number), and that the present invention is not limited to the strategy described above.

Detailed Description Text (30):

Of particular importance in this first category of reporting are those reports providing information to physicians and IPAs to support shared-risk contracting. It will be understood that the cost of care on a global basis may now be estimated more precisely, with input from previously unrelated source systems such as providers (including doctors' offices, clinics and hospitals), testing laboratories and pharmacists. This information may be further broken down by clinical procedure, or geographic area, or age group of patients. Depending on the level of detail of the source information captured, it is also possible to estimate costs not only on a dollar basis, but also on a time basis. Such information is extremely valuable to physicians and IPAs in negotiating intelligent shared-risk contracts, because it enables a sophisticated profitability analysis of a payor's offer, especially if that offer

includes payment on a per patient, per month basis.

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**Term:**

insurance same profit\$ not l3 and health\$

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**DATE:** Thursday, April 03, 2003    [Printable Copy](#)    [Create Case](#)
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side by side

**Hit Count Set Name**

result set

*DB=USPT,PGPB; PLUR=YES; OP=ADJ*

<u>L8</u>	insurance same profit\$ not l3 and health\$	21	<u>L8</u>
<u>L7</u>	L3 and health\$ not l5	74	<u>L7</u>
<u>L6</u>	L5 and health\$	36	<u>L6</u>
<u>L5</u>	L3 and maximiz\$ not l4	74	<u>L5</u>
<u>L4</u>	L3 same maximiz\$	10	<u>L4</u>
<u>L3</u>	insurance same profit	235	<u>L3</u>

*DB=USPT; PLUR=YES; OP=ADJ*

<u>L2</u>	insurance same profit	104	<u>L2</u>
<u>L1</u>	6463155.pn.	1	<u>L1</u>

END OF SEARCH HISTORY